

Providers are urged to pay particularly close attention to the “Remarks” column for information about how to report units of various supplies.

Medical Assistance Administration has adopted Medicare’s 2003 ostomy codes, fee schedules, and monthly allowable quantities. A crosswalk of the previously used local codes to standard codes will not be necessary for billing these supplies.

HIPAA CROSSWALK – DME

Local Code & Modifier Description	Standard Code Description	Standard Modifier Description	Remarks
A4200 – X1 GAUZE PADS 4 X 4, 100'S (NON-STERILE)	A6216 Gauze, non-impregnated, non-sterile, pad size 16 sq. in. or less, without adhesive border, each dressing		Bill one unit of this supply for each dressing. For example, bill 100 units for a box of 100.
A4200 – X2 GAUZE PADS 3X3, 100`S	A6216 Gauze, non-impregnated, non-sterile, pad size 16 sq. in. or less, without adhesive border, each dressing	52 Reduced services	Bill one unit of this supply for each dressing. For example, bill 100 units for a box of 100.

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Local Code & Modifier Description	Standard Code Description	Standard Modifier Description	Remarks
A4200 – X3 GAUZE PADS, STERILE, 2X2, 100'S	A6402 Gauze, non-impregnated, sterile, pad size 16 sq. in. or less, without adhesive border, each dressing	52 Reduced services	Bill one unit of this supply for each dressing. For example, bill 100 units for a box of 100.
A4200 GAUZE PADS, MEDICATED OR NON-MEDICATED - TELFAPADS, 4X4, 100'S (P)	A6402 Gauze, non-impregnated, sterile, pad size 16 sq. in. or less, without adhesive border, each dressing		Bill one unit of this supply for each dressing. For example, bill 100 units for a box of 100.

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Local Code & Modifier Description	Standard Code Description	Standard Modifier Description	Remarks
A4555 – X1 ELASTOPLAST BANDAGE 2" EACH	A6434 Moderate compression bandage, elastic, knitted/woven, load resistance of 1.25 to 1.34 foot pounds at 50% maximum stretch, width greater than or equal to three inches or less than five inches, per roll (at least three yards, unstretched)		Bill this supply as one unit for one bandage roll.
A4555 – X4 KERLIX DRESSING, STERILE, 4" EA	A6426 Conforming bandage, non- elastic, knitted/woven, sterile width greater than or equal to three inches and less than five inches, per roll (at least three yards, unstretched)		Bill this supply as one unit for one bandage roll.

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Local Code & Modifier Description	Standard Code Description	Standard Modifier Description	Remarks
A4555 – X5 DUODERM 3'S 8X8	A6239 Hydrocolloid dressing, wound cover, pad size more than 48 sq. in., with any size adhesive border, each dressing		Bill one unit per each dressing.
A4555 – X8 SURGIPADS 5X9 25'S	A6252 Specialty absorptive dressing, wound cover, pad size more than 16 sq. in. but less than or equal to 48 sq. in., without adhesive border, each dressing	U1 Medicaid level of care 1, as defined by each state	Bill 1 unit for each tray of 25 by using modifier U1.

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Local Code & Modifier Description	Standard Code Description	Standard Modifier Description	Remarks
E0195 REPLACEMENT PAD FOR USE WITH MEDICAL ALTERNATING PRESSURE PAD	A4640 Replacement pad for use with medically necessary alternating pressure pad owned by patient		
E1360 REPLACEMENT, SUPPLY OR ACCESSORY NEC	T1999 Miscellaneous therapeutic items and supplies, retail purchases, not otherwise classified; identify product in "remarks"		Prior Authorization is required. Submit on paper.
L4200 REPAIR OF ORTHOTIC DEVICE, HOURLY RATE - TIME (FIT, MEASURE, LABOR) PER HR	L4205 Repair of orthotic device, labor component, per 15 minutes		

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Local Code & Modifier Description	Standard Code Description	Standard Modifier Description	Remarks
Z0105 HAND HELD SHOWER (P)	E0243 Toilet rail, each	U1 Medicaid level of care 1, as defined by each state	There is no HCPCS code for a hand held shower. Submit the code and modifier shown.
Z0106 MATTRESS, EGG CARTON, 20" BY 60" (P)	E0188 Synthetic sheepskin pad		
Z0107 WEIGHTS TRACTION, MED	E0920 Fracture frame, attached to bed, includes weights		

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Local Code & Modifier Description	Standard Code Description	Standard Modifier Description	Remarks
Z0111 ADAPTOR&TUBING (URINARY) (P)	A4331 Extension drainage tubing, any type, any length, with connector/adaptor, for use with urinary leg bag or urostomy pouch, each		
Z0113 CATHETER, ALL PURPOSE (P)	A4351 Intermittent urinary catheter; straight tip, with or without coating (Teflon, silicone, silicone elastomer, or hydrophilic, etc.), each		
Z0114 PISTON/BULB SYRINGE, EACH (P)	A4322 Irrigation syringe, bulb or piston, each		

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Local Code & Modifier Description	Standard Code Description	Standard Modifier Description	Remarks
Z0116 – X1 INCONTINENCE LINERS 25'S	A4535 Disposable liner/shield for incontinence, each	U1 Medicaid level of care 1, as defined by each state	Bill one case of 150 as one unit.
Z0116 INCONTINENCE LINERS, 50S (P)	A4535 Disposable liner/shield for incontinence, each	U1 Medicaid level of care 1, as defined by each state	Bill one case of 150 as one unit.
Z0117 INCONTINENCE UNDERPANTS, EACH (P)	A4536 Protective underwear, washable, any size, each		
Z0119 BEDSHEET, VINYL, EACH (P)	A4537 Under pad, reusable/washable, any size, each		

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Local Code & Modifier Description	Standard Code Description	Standard Modifier Description	Remarks
Z0123 SANITARY NAPKINS (30'S) (P)	A4535 Disposable liner/shield for incontinence, each	52 Reduced services	The count per package of this supply varies therefore it must be billed on a per-unit basis. For example bill a box of 30 as 30 units.
Z0128 SWABS, LEMON GLYCERIN, 25'S, EACH (P)	A4245 Alcohol wipes, per box	U2 Medicaid level of care 2, as defined by each state	Bill one unit per box of 25.
Z0135 SUCTION KIT W/CATHETER, EACH (P)	A4624 Tracheal suction catheter, any type other than closed system, each		
Z0137 MAXIMIST (P)	E0570 Nebulizer, with compressor		

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Local Code & Modifier Description	Standard Code Description	Standard Modifier Description	Remarks
Z0140 TRACHEOTOMY ACCESSORY SUPPLIES (P)	A4621 Tracheostomy mask or collar		
Z0140	A4623 Tracheostomy, inner cannula (replacement only)		
Z0140	A4625 Tracheostomy care kit for new tracheostomy		
Z0140	A4626 Tracheostomy cleaning brush, each		

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Local Code & Modifier Description	Standard Code Description	Standard Modifier Description	Remarks
Z0140	A4629 Tracheostomy care kit for established tracheostomy		
Z0141 SODIUM CHLORIDE SOLUTION; 0.9%, 3ML (P)	A7019 Saline solution, per 10 ml, metered dose dispenser, for use with inhalation drugs		The 10ml dose is packed 30 per crate; the 3ml dose is packed 100 per crate. As normally distributed, the quantities are identical. Bill 30 units for each 3000 ml supplied.
Z0142 COTTON SWABS, 200"S (P)	A4245 Alcohol wipes, per box	U3 Medicaid level of care 3, as defined by each state	Bill one unit per each box of 200.

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Local Code & Modifier Description	Standard Code Description	Standard Modifier Description	Remarks
Z0145 COTTON SWABS, STERILE, 100'S (P)	A4245 Alcohol wipes, per box	U4 Medicaid level of care 4, as defined by each state	Bill one unit per each box of 100.
Z0146 INVALID RING FOAM RUBBER (P)	E0178 Gel or gel-like pressure pad or cushion, nonpositioning		
Z0152 NORMAL SALINE FOR IRRIG 1000ML (P)	A4323 Sterile saline irrigation solution, 1000 ml		
Z0158 ABDOMINAL BINDER (P)	A4462 Abdominal dressing holder/binder, each		

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Local Code & Modifier Description	Standard Code Description	Standard Modifier Description	Remarks
Z0159 ANKLE BRACE, ELASTIC (P)	A4580 Ortho-flex TM elastic, plastic bandages.		
Z0163 OCULAR PROTHESIS REGLAZING	V2624 Polishing/resurfacing of ocular prosthesis		
Z0165 ORTHOP SHOES, NOT ATTACHED, BRACE (P)	L3215 Orthopedic footwear, woman's shoes, oxford		
Z0165	L3219 Orthopedic footwear, man's shoes, oxford		

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Local Code & Modifier Description	Standard Code Description	Standard Modifier Description	Remarks
Z0166 FILLAUER SPLINT OR BAR (P)	A4570 Splint	SC Medically necessary service or supply	
Z0168 SHOE ELEVATION 1/2" CREPE, EACH (P)	L3332 Lift, elevation, inside shoe, tapered, up to one-half inch		
Z0174 REPAIR OF ORTHOPEDIC SHOES	L3649 Orthopedic shoe, modification, addition or transfer, NOS		Service is capped at 2 services within a year of the initial provision of orthopedic shoes.
Z0191 IODO FORM GAUZE, 1/2" X 5 YARDS (P)	A6266 Gauze, impregnated, other than water, normal saline, or zinc paste, any width, per linear yard	52 Reduced services	Bill one unit for each half-inch by 5 yard bandage.

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Local Code & Modifier Description	Standard Code Description	Standard Modifier Description	Remarks
Z0192 IODO FORM GAUZE, 1"X5YRDS (P)	A6266 Gauze, impregnated, other than water, normal saline, or zinc paste, any width, per linear yard		Bill one unit for each one-inch by 5 yard bandage.
Z0193 KNEE BRACE, ELASTIC, EA (P)	A4580 Ortho-flex TM elastic, plastic bandages	52 Reduced services	
Z0196 AUTOLET COMBIPAK, EACH	A4258 Spring-powered device for lancet, each		
Z0197 DISPOSABLE HUMIDIFIER /PREFILL 300ML	A7008 Nebulizer, disposable prefilled		

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Local Code & Modifier Description	Standard Code Description	Standard Modifier Description	Remarks
Z0235 BETADINE OINTMENT (1 POUND)	A6250 Skin sealants, protectants, moisturizers, ointments, any type, any size		Only use this code when billing for the full pound of Betadine.
Z0238 SLEEP APNEA TEST	E0618 Apnea monitor, without recording feature		Bill for this equipment using one of the codes shown.
Z0238	E0619 Apnea monitor, with recording feature		

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Local Code & Modifier Description	Standard Code Description	Standard Modifier Description	Remarks
Z0239 APNEA MONITOR BELT KIT (P)	A4556 Electrodes, (e.g., apnea monitor), per pair		Bill for this supply using both codes shown.
Z0239	A4557 Lead wires, (e.g., apnea monitor), per pair		
Z0240 CONTROL III KIT, 16OZ. (P)	A5131 Appliance cleaner, incontinence and ostomy appliances, per 16 oz.		
Z0247 NEBULIZER KITS (P) EACH	A7005 Administration set, with small volume nonfiltered pneumatic nebulizer, non-disposable		

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Local Code & Modifier Description	Standard Code Description	Standard Modifier Description	Remarks
Z0260 TRACHEOTOMY CONNECTING TUBE (P)	A4622 Tracheostomy or laryngectomy tube		
Z0279 – X1 ADAPTIC 3X3 EACH	A6222 Gauze, impregnated with other than water, normal saline, or hydrogel, pad size 16 sq. in. or less, without adhesive border, each dressing		Bill one unit of this supply for each dressing.
Z0279 ADAPTIC 3"X 8" EACH	A6223 Gauze, impregnated with other than water, normal saline, or hydrogel, pad size more than 16 sq. in. but less than or equal to 48 sq. in., without adhesive border, each dressing	U2 Medicaid level of care 2, as defined by each state	Bill one unit of this supply for each dressing.

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Local Code & Modifier Description	Standard Code Description	Standard Modifier Description	Remarks
Z0280 XEROFORM 5X9,EACH	A6223 Gauze, impregnated with other than water, normal saline, or hydrogel, pad size more than 16 sq. in. but less than or equal to 48 sq. in., without adhesive border, each dressing	52 Reduced services	Bill one unit of this supply for each dressing.
Z0282 NEBULIZER WITH FILTER (RESPIRGARD)	A7011 Corrugated tubing, non-disposable, used with large volume nebulizer, 10 feet	SC Medically necessary service or supply	
Z0283 TRACH TUBE HOLDER	A4621 Tracheostomy mask or collar		

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Local Code & Modifier Description	Standard Code Description	Standard Modifier Description	Remarks
Z0284 UNNA BOOT EACH	A4649 Surgical supply; miscellaneous	SC Medically necessary service or supply	
Z1825 KO, 12" - 14", ELASTIC W/MEDIAL & LATERAL	L1840 KO, derotation, medial-lateral, anterior cruciate ligament, custom fabricated		
Z2290 VELCRO CLOSURE (PER CUFF) THIGH	K0038 Leg strap, each		

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Local Code & Modifier Description	Standard Code Description	Standard Modifier Description	Remarks
Z3255 ORTHOP SHOES FOR BRACE (P)	L3224 Orthopedic footwear, woman's shoe, oxford, used as an integral part of a brace (orthosis)		
Z3255	L3225 Orthopedic footwear, man's shoe, oxford, used as an integral part of a brace (orthosis)		
Z4200 GAUZE PADS, MEDICATED OR NON (GAUZE, STERILE, 4 X 4, 100'S)	A6402 Gauze, non-impregnated, sterile, pad size 16 sq. in. or less, without adhesive border, each dressing		Bill for this supply in units of 100.

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Local Code & Modifier Description	Standard Code Description	Standard Modifier Description	Remarks
Z4772 DEXTROSE STICK / GLUCOSE TEST STRIP 25,S	A4250 Urine test or reagent strips or tablets (100 tablets or strips)	52 Reduced Services	Bill for this supply in units of 100. Use modifier 52 only when billing in units of 25.
ZZ001 VASELINE GAUZE (12 PER BOX)	A6223 Gauze, impregnated with other than water, normal saline, or hydrogel, pad size more than 16 sq. in. but less than or equal to 48 sq. in., without adhesive border, each dressing	U1 Medicaid level of care 1, as defined by each state	Bill for this supply in units of 12.
ZZ002 ADHESIVE REMOVER WIPES, 50'S	A4365 Adhesive remover wipes, any type, per 50		Bill one unit of this supply for each box of 50.

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Local Code & Modifier Description	Standard Code Description	Standard Modifier Description	Remarks
ZZ003 EYE PADS, EACH	A6410 Eye pad, sterile, each		
ZZ004 Q TIPS, STERILE (BOX OF 200)	A4245 Alcohol wipes, per box	U5 Medicaid level of care 5, as defined by each state	Bill one unit of this supply for each box of 200.
ZZ005 KERLIX TYPE ROLLS	A6426 Conforming bandage, non-elastic, knitted/woven, sterile width greater than or equal to three inches and less than five inches, per roll (at least three yards, unstretched)	52 Reduced services	Bill one unit for each bandage roll.

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Local Code & Modifier Description	Standard Code Description	Standard Modifier Description	Remarks
ZZ006 GROSHON CAP	A4300 Implantable access catheter, (e.g., venous, arterial, epidural subarachnoid, or peritoneal, etc.) external access	52 Reduced services	
ZZ007 MONTGOMERY STRAPS, EACH	A4450 Tape, non-waterproof, per 18 square inches	52 Reduced services	
ZZ008 TWILL TAPE (ROLL)	A4450 Tape, non-waterproof, per 18 square inches	U1 Medicaid level of care 1, as defined by each state	Bill one unit of this supply for one roll of twill tape.

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Local Code & Modifier Description	Standard Code Description	Standard Modifier Description	Remarks
ZZ009 NU GAUZE PACKING (ALL SIZE) ONE BOTTLE	K0621 Gauze, packing strips, non- impregnated, up to 2 inches in width, per linear yard	U1 Medicaid level of care 1, as defined by each state	Bill one unit of this supply for each 5-yard roll of Nu-Gauze packing.
ZZ010 – X1 NON STERILE GAUZE 3 INCHES	A6422 Conforming bandage, non- elastic, knitted/woven, non- sterile, width greater than or equal to three inches and less than five inches per roll (at least three yards, unstretched)		Bill one unit of this supply for one bandage roll.

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Local Code & Modifier Description	Standard Code Description	Standard Modifier Description	Remarks
<p>ZZ010</p> <p>STERILE KLING TYPE GAUZE 3 INCHES BOX OF 12</p>	<p>A6426</p> <p>Conforming bandage, non-elastic, knitted/woven, sterile width greater than or equal to three inches and less than five inches, per roll (at least three yards, unstretched)</p>	<p>TF</p> <p>Intermediate level of care</p>	<p>Kling gauze is in rolls, not pads, and ships 12 per box. Bill 12 units per each box of 12 rolls.</p>
<p>ZZ011 – X1</p> <p>NON STERILE KLING TYPE GAUZE 6 INCHES</p>	<p>A6424</p> <p>Conforming bandage, non-elastic, knitted/woven, non-sterile, width greater than or equal to five inches, per roll (at least three yards, unstretched)</p>		<p>Kling gauze is in rolls, not pads, and ships 12 per box. Bill 12 units per each box of 12 rolls.</p>

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Local Code & Modifier Description	Standard Code Description	Standard Modifier Description	Remarks
ZZ011 STERILE KLING TYPE GAUZE 6 INCHES	A6428 Conforming bandage, non- elastic, knitted/woven, sterile, width greater than or equal to five inches, per roll (at least three yards, unstretched)		Kling gauze is in rolls, not pads, and ships 12 per box. Bill 12 units per each box of 12 rolls.
ZZ013 DRAIN SPONGES, 2 X 2	A6402 Gauze, non-impregnated, sterile, pad size 16 sq. in. or less, without adhesive border, each dressing	TF Intermediate level of care	This supply is normally distributed in boxes pf 50. Bill 50 units per each box.
ZZ014 DRAIN SPONGES 4X4, 50'S	A6402 Gauze, non-impregnated, sterile, pad size 16 sq. in. or less, without adhesive border, each dressing	TG Complex/high tech level of care	This supply is normally distributed in boxes pf 50. Bill 50 units per each box.

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Local Code & Modifier Description	Standard Code Description	Standard Modifier Description	Remarks
ZZ015 VIALS, STERILE WATER (5CC EACH)	J7051 Sterile saline or water, up to 5 cc	52 Reduced services	Report this supply as 1 unit of J7051 with modifier 52
ZZ016 STERILE NORMAL SALINE, 25'S, 5 CC	J7051 Sterile saline or water, up to 5 cc		Report this supply as 25 units of J7051 without modifier.
ZZ017 DISTILLED WATER, 1 LITER	A7018 Water, distilled, used with large volume nebulizer, 1000 ml		
ZZ020 TUBULAR BANDAGE, 25 YDS (BOX) - STOCKINETTE, #2	K0620 Tubular elastic dressing, any width, per linear yard	52 Reduced services	Bill one unit of this supply for one bandage.

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Local Code & Modifier Description	Standard Code Description	Standard Modifier Description	Remarks
ZZ022 TUBULAR BANDAGE, 25 YDS - STOCKINETTE, #8	K0620 Tubular elastic dressing, any width, per linear yard		Bill one unit of this supply for one bandage.
ZZ023 STERILE WATER, 1000 CC PER BOTTLE	A4319 Sterile water irrigation solution, 1000 ml		
ZZ024 TINCTURE OF BENZOIN SPRAY	A4369 Ostomy skin barrier, liquid (spray, brush, etc), per oz		This supply is normally distributed in 4 oz. bottles. Bill 4 units for each bottle.
ZZ025 BIO OCCLUSIVE OPSITE TYPE DRESSING SM/MED	A6257 Transparent film, 16 sq. in. or less, each dressing		

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Local Code & Modifier Description	Standard Code Description	Standard Modifier Description	Remarks
ZZ025	A6258 Transparent film, more than 16 sq. in. but less than or equal to 48 sq. in., each dressing		
ZZ026 BIO OCCLUSIVE OPSITE TYPE DRESSING (LARGE)	A6259 Transparent film, more than 48 sq. in., each dressing		
ZZ032 EXTENSION TUBING (MALE TO MALE END) - FOR USE WITH AMBULATORY PUMP	A7002 Tubing, used with suction pump, each		

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Local Code & Modifier Description	Standard Code Description	Standard Modifier Description	Remarks
ZZ038 SYRINGES WITHOUT NEEDLES, ANY SIZE	A4657 Syringe, with or without needle, each		
ZZ044 CAP, LUER LOCK (FEMALE)	S1015 IV tubing extension set		
ZZ045 ALCOHOL WIPES	A4245 Alcohol wipes, per box	U1 Medicaid level of care 1, as defined by each state	Bill one unit of this supply for one box of 200.

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Local Code & Modifier Description	Standard Code Description	Standard Modifier Description	Remarks
<p>ZZ046</p> <p>BANDAID, ANY SIZE</p>	<p>A6203</p> <p>Composite dressing, pad size 16 sq. in. or less, with any size adhesive border, each dressing</p>	<p>52</p> <p>Reduced services</p>	
<p>ZZ057</p> <p>CENTRAL VENOUS CATHETER</p>	<p>A4300</p> <p>Implantable access catheter, (e.g., venous, arterial, epidural subarachnoid, or peritoneal, etc.) external access</p>		
<p>ZZ067</p> <p>9 VOLT BATTERY</p>	<p>A4254</p> <p>Replacement battery, any type, for use with medically necessary home blood glucose monitor owned by patient, each</p>		

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Local Code & Modifier Description	Standard Code Description	Standard Modifier Description	Remarks
ZZ068 3 VOLT BATTERY	A4254 Replacement battery, any type, for use with medically necessary home blood glucose monitor owned by patient, each	52	
ZZ073 SPANDAGE TYPE DRESSING	A4460 Elastic bandage, per roll (e.g. compression bandage)		Bill one unit of this supply for one bandage roll.
ZZ081 CATHETER IN AND OUT KIT WITH INSERT	A4353 Intermittent urinary catheter, with insertion supplies		

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Local Code & Modifier Description	Standard Code Description	Standard Modifier Description	Remarks
<p>ZZ082</p> <p>TUBING CLAMPS ALL SIZES 7 DAY SUPPLY</p>	<p>A4356</p> <p>External urethral clamp or compression device (not to be used for catheter clamp), each</p>		<p>Bill one unit of this supply for one clamp.</p>
<p>ZZ083</p> <p>COLLECTION DEVICE FECAL/WOUND DR - FECAL COLLECTION BAGS</p>	<p>A4330</p> <p>Perianal fecal collection pouch with adhesive, each</p>		<p>Bill one unit of this supply for each bag supplied.</p>
<p>ZZ086</p> <p>STERILE COUDE CATHETER</p>	<p>A4352</p> <p>Intermittent urinary catheter; coude (curved) tip, with or without coating (Teflon, silicone, silicone elastomeric, or hydrophilic, etc.), each</p>		

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Local Code & Modifier Description	Standard Code Description	Standard Modifier Description	Remarks
ZZ087 CATHETERS IN/OUT (MENTOR TYPE) - EA	A4351 Intermittent urinary catheter; straight tip, with or without coating (Teflon, silicone, silicone elastomer, or hydrophilic, etc.), each	52 Reduced Services	
ZZ093 EXTERNAL CATHETER	A4324 Male external catheter, with adhesive coating, each		
ZZ096 ADULT INCONT BRIEFS, ANY SIZE, EX. AB	A4521 Adult-sized incontinence product, diaper, small size, each		Bill one unit of this supply for each brief.

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Local Code & Modifier Description	Standard Code Description	Standard Modifier Description	Remarks
ZZ096	A4522 Adult-sized incontinence product, diaper, medium size, each		Bill one unit of this supply for each brief.
ZZ096	A4523 Adult-sized incontinence product, diaper, large size, each		Bill one unit of this supply for each brief.
ZZ096	A4524 Adult-sized incontinence product, diaper, extra-large size, each		Bill one unit of this supply for each brief.

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Local Code & Modifier Description	Standard Code Description	Standard Modifier Description	Remarks
ZZ098 PEDIATRIC DIAPERS, ANY SIZE, EX. AB	A4529 Child-sized incontinence product, diaper, small/medium size, each		Bill one unit of this supply for each diaper.
ZZ098	A4530 Child-sized incontinence product, diaper, large size, each		Bill one unit of this supply for each diaper.
ZZ103 WALKER, WIDE, HEAVY DUTY, FOLDING - WALKER, (OVER 250 LBS)	E0148 Walker, heavy duty, rigid or folding, any type, each		Bill for this equipment using one of the codes shown.

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Local Code & Modifier Description	Standard Code Description	Standard Modifier Description	Remarks
ZZ103	E0149 Walker, heavy duty, wheeled, rigid or folding, any type, each		
ZZ104 DRESSING, HYDROCOLLOID BOX 5 4X4 - COMPRESS ULCER/DEBRID ONLY	A6234 Hydrocolloid dressing, wound cover, pad size 16 sq. in. or less, without adhesive border, each dressing		Bill one unit of this supply for each dressing.
ZZ105 DRESSING, HYDROCOLLOID 8 X 8 BOX OF 3	A6236 Hydrocolloid dressing, wound cover, pad size more than 48 sq. in., without adhesive border, each dressing		Bill one unit of this supply for each dressing.

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Local Code & Modifier Description	Standard Code Description	Standard Modifier Description	Remarks
ZZ107 OINTMENT, MOISTURE, SKIN BARRIER (TUBE)	A6250 Skin sealants, protectants, moisturizers, ointments, any type, any size	52 Reduced services	
ZZ108 ABSORPTIVE, PASTE (TUBE)	A6261 Wound filler, gel/paste, per fluid ounce, not elsewhere classified		
ZZ110 WOUND CLEANSERS, 16 OZ	A6260 Wound cleansers, any type, any size		Bill one unit of this supply for each 16 oz. supplied.
ZZ112 HYDROGELS, 1 OUNCE	A6248 Hydrogel dressing, wound filler, gel, per fluid ounce		

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Local Code & Modifier Description	Standard Code Description	Standard Modifier Description	Remarks
ZZ114 DRESSING, CALCIUM ALGINATE) BOX OF 10	A6196 Alginate or other fiber gelling dressing, wound cover, pad size 16 sq in or less, each dressing		Bill one unit of this supply for each dressing.
ZZ115 BATH CHAIR (IE RIFTON)	E0245 Tub stool or bench	TG Complex/high tech level of care	
ZZ116 PEDIATRIC, HOSPITAL CRIB	E0280 Bed cradle, any type	TG Complex/high tech level of care	
ZZ118 ELECTRODES (REUSABLE)(PAIR)	A4556 Electrodes (e.g., Apnea monitor), per pair	TG Complex/high tech level of care	

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Local Code & Modifier Description	Standard Code Description	Standard Modifier Description	Remarks
ZZ119 CUSHION COVER (INCONTINENCE)	E0176 Air pressure pad or cushion, nonpositioning		
ZZ120 ABD STERILE 8 X 10 (TRAY OF 15)	A6253 Specialty absorptive dressing, wound cover, pad size more than 48 sq. in., without adhesive border, each dressing	52 Reduced services	Bill one unit of this supply for each dressing.
ZZ121 KERLIX SUPER SPONGES (TRAY OF 20)	A6403 Gauze, non-impregnated, sterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in., without adhesive border, each dressing	TG Complex/high tech level of care	Bill one unit of this supply for each dressing.

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Local Code & Modifier Description	Standard Code Description	Standard Modifier Description	Remarks
ZZ122 ELASTIC B/K SUPPORT STOCKINGS	L8100 Gradient compression stocking, below knee, 18-30 mmhg, each		
ZZ122	L8110 Gradient compression stocking, below knee, 30-40 mmhg, each		
ZZ122	L8120 Gradient compression stocking, below knee, 40-50 mmhg, each		

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Local Code & Modifier Description	Standard Code Description	Standard Modifier Description	Remarks
ZZ123 MISCELLANEOUS OXYGEN	E1390 Oxygen concentrator, capable of delivering 85 percent or greater oxygen concentration at the prescribed flow rate		Bill all applicable codes.
ZZ123	E1405 Oxygen and water vapor enriching system with heated delivery		
ZZ123	E1405 Oxygen and water vapor enriching system with heated delivery		

HIPAA CROSSWALK – DME

Local Code & Modifier Description	Standard Code Description	Standard Modifier Description	Remarks
ZZ123	E1406 Oxygen and water vapor enriching system without heated delivery		
ZZ123	E1353 Regulator		
ZZ123	E1355 Stand/rack		
ZZ123	E1372 Immersion external heater for nebulizer		

HIPAA CROSSWALK – DME

Local Code & Modifier Description	Standard Code Description	Standard Modifier Description	Remarks
ZZ123	E1399 Durable medical equipment, miscellaneous		
ZZ124 ABD 8 X 10 (NON STERILE) 432 PER CASE	A6253 Specialty absorptive dressing, wound cover, pad size more than 48 sq. in., without adhesive border, each dressing	U1 Medicaid level of care 1, as defined by each state	Bill one unit of this supply for each case of 432 dressings.
ZZ125 – X1 BATHTUB TRANSFER SEAT PADDED	E0245 Tub stool or bench	TF Intermediate level of care	

HIPAA CROSSWALK – DME

Local Code & Modifier Description	Standard Code Description	Standard Modifier Description	Remarks
ZZ125 BATH TUB TRANSFER BENCH	E0245 Tub stool or bench		
ZZ126 TELFA PADS (BOX OF 50)	A6402 Gauze, non-impregnated, pad size 16 sq. in. or less, with any size adhesive border, each dressing	SC Medically necessary service or supply	Bill one unit of this supply for each dressing.
ZZ130 – X1 NON STERILE KLING TYPE GAUZE 4 INCHES BOX OF 12	A6422 Conforming bandage, non- elastic, knitted/woven, non- sterile, width greater than or equal to three inches and less than five inches per roll (at least three yards, unstretched)	TF Intermediate level of care	Bill one unit of this supply for each dressing.

HIPAA CROSSWALK – DME

Local Code & Modifier Description	Standard Code Description	Standard Modifier Description	Remarks
ZZ130 STERILE KLING TYPE GAUZE 4IN	A6426 Conforming bandage, non- elastic, knitted/woven, sterile width greater than or equal to three inches and less than five inches, per roll (at least three yards, unstretched)	TG Complex/high-tech level of care	Bill one unit of this supply for each dressing.
ZZ131 – X1 CPAP KIT	E0601 Continuous airway pressure (cpap) device	52 Reduced Services	
ZZ131 SUCTION MACHINE WITH BATTERY PACK	E0600 Respiratory suction pump, home model, portable or stationary, electric		

DME – SUPPLEMENTAL LISTING

SUB-CATEGORY: OSTOMY SUPPLIES

DME Supply Standard Code	Standard Code Description	Monthly Maximum Allowable Quantity
A4357	Bedside drainage bag, day or night, with or without anti-reflux device, with or without tube, each	2
A4361	Ostomy faceplate, each	3 PER 6 MONTHS
A4362	Skin barrier; solid, four by four or equivalent; each	20
A4364	Adhesive, liquid, or equal, any type, per ounce	4 PER MONTH
A4365	Adhesive remover wipes, any type, per 50	1
A4367	Ostomy belt, each	1
A4368	Ostomy filter, any type, each	60
A4369	Ostomy skin barrier, liquid (spray, brush, etc), per oz	2
A4371	Ostomy skin barrier, powder, per oz	10 PER 6 MONTHS

DME – SUPPLEMENTAL LISTING

SUB-CATEGORY: OSTOMY SUPPLIES

DME Supply Standard Code	Standard Code Description	Monthly Maximum Allowable Quantity
A4372	Ostomy skin barrier, solid 4x4 or equivalent, with built-in convexity, each	20
A4373	Ostomy skin barrier, with flange (solid, flexible or accordian), with built-in convexity, any size, each	20
A4375	Ostomy pouch, drainable, with faceplate attached, plastic, each	20
A4376	Ostomy pouch, drainable, with faceplate attached, rubber, each	20
A4377	Ostomy pouch, drainable, for use on faceplate, plastic, each	20
A4378	Ostomy pouch, drainable, for use on faceplate, rubber, each	20
A4379	Ostomy pouch, urinary, with faceplate attached, plastic, each	20
A4380	Ostomy pouch, urinary, with faceplate attached, rubber, each	20
A4381	Ostomy pouch, urinary, for use on faceplate, plastic, each	20
A4382	Ostomy pouch, urinary, for use on faceplate, heavy plastic, each	20

DME – SUPPLEMENTAL LISTING

SUB-CATEGORY: OSTOMY SUPPLIES

DME Supply Standard Code	Standard Code Description	Monthly Maximum Allowable Quantity
A4383	Ostomy pouch, urinary, for use on faceplate, rubber, each	20
A4384	Ostomy faceplate equivalent, silicone ring, each	1
A4385	Ostomy skin barrier, solid 4x4 or equivalent, extended wear, without built-in convexity, each	20
A4387	Ostomy pouch, closed, with barrier attached, with built-in convexity (one piece), each	60
A4388	Ostomy pouch, drainable, with extended wear barrier attached, (one piece), each	20
A4389	Ostomy pouch, drainable, with barrier attached, with built-in convexity (one piece), each	20
A4390	Ostomy pouch, drainable, with extended wear barrier attached, with built-in convexity (1 piece), each	20
A4391	Ostomy pouch, urinary, with extended wear barrier attached (1 piece), each	20
A4392	Ostomy pouch, urinary, with standard wear barrier attached, with built-in convexity (1 piece), each	20

DME – SUPPLEMENTAL LISTING

SUB-CATEGORY: OSTOMY SUPPLIES

DME Supply Standard Code	Standard Code Description	Monthly Maximum Allowable Quantity
A4393	Ostomy pouch, urinary, with extended wear barrier attached, with built-in convexity (1 piece), each	20
A4394	Ostomy deodorant for use in ostomy pouch, liquid, per fluid ounce	8 PER MONTH
A4395	Ostomy deodorant for use in ostomy pouch, solid, per tablet	
A4396	Ostomy belt with peristomal hernia support	1
A4397	Irrigation supply; sleeve, each	5
A4398	Ostomy irrigation supply; bag, each	2 PER 6 MONTHS
A4399	Ostomy irrigation supply; cone/catheter, including brush	1
A4400	Ostomy irrigation set	
A4402	Lubricant, per ounce	2
A4404	Ostomy ring, each	10

DME – SUPPLEMENTAL LISTING

SUB-CATEGORY: OSTOMY SUPPLIES

DME Supply Standard Code	Standard Code Description	Monthly Maximum Allowable Quantity
A4405	Ostomy skin barrier, non-pectin based, paste, per ounce	4
A4406	Ostomy skin barrier, pectin-based, paste, per ounce	4
A4407	Ostomy skin barrier, with flange (solid, flexible, or accordion), extended wear, with built-in convexity, 4 x 4 inches or smaller, each	20
A4408	Ostomy skin barrier, with flange (solid, flexible or accordion), extended wear, with built-in convexity, larger than 4 x 4 inches, each	20
A4409	Ostomy skin barrier, with flange (solid, flexible or accordion), extended wear, without built-in convexity, 4 x 4 inches or smaller, each	20
A4410	Ostomy skin barrier, with flange (solid, flexible or accordion), extended wear, without built-in convexity, larger than 4 x 4 inches, each	20
A4413	Ostomy pouch, drainable, high output, for use on a barrier with flange (2 piece system), with filter, each	20

DME – SUPPLEMENTAL LISTING

SUB-CATEGORY: OSTOMY SUPPLIES

DME Supply Standard Code	Standard Code Description	Monthly Maximum Allowable Quantity
A4414	Ostomy skin barrier, with flange (solid, flexible or accordion), without built-in convexity, 4 x 4 inches or smaller, each	20
A4415	Ostomy skin barrier, with flange (solid, flexible or accordion), without built-in convexity, larger than 4x4 inches, each	20
A4421	Ostomy supply; miscellaneous	
A4422	Ostomy absorbent material (sheet/pad/crystal packet) for use in ostomy pouch to thicken liquid stomal output, each	
A4450	Tape, non-waterproof, per 18 square inches	40
A4452	Tape, waterproof, per 18 square inches	40
A4455	Adhesive remover or solvent (for tape, cement or other adhesive), per ounce	16 PER 6 MONTHS
A5051	Ostomy pouch, closed; with barrier attached (one piece), each	60
A5052	Ostomy pouch, closed; without barrier attached (one piece), each	60

DME – SUPPLEMENTAL LISTING

SUB-CATEGORY: OSTOMY SUPPLIES

DME Supply Standard Code	Standard Code Description	Monthly Maximum Allowable Quantity
A5053	Ostomy pouch, closed; for use on faceplate, each	60
A5054	Ostomy pouch, closed; for use on barrier with flange (two piece), each	60
A5055	Stoma cap	31
A5061	Ostomy pouch, drainable; with barrier attached, (one piece), each	20
A5062	Ostomy pouch, drainable; without barrier attached (one piece), each	20
A5063	Ostomy pouch, drainable; for use on barrier with flange (two piece system), each	20
A5071	Ostomy pouch, urinary; with barrier attached (one piece), each	20
A5072	Ostomy pouch, urinary; without barrier attached (one piece), each	20
A5073	Ostomy pouch, urinary; for use on barrier with flange (two piece), each	20

DME – SUPPLEMENTAL LISTING

SUB-CATEGORY: OSTOMY SUPPLIES

DME Supply Standard Code	Standard Code Description	Monthly Maximum Allowable Quantity
A5081	Continent device; plug for continent stoma	31
A5082	Continent device; catheter for continent stoma	1
A5093	Ostomy accessory; convex insert	10
A5102	Bedside drainage bottle, with or without tubing, rigid or expandable, each	2 PER 6 MONTHS
A5119	Skin barrier; wipes, box per 50	1 PER MONTH
A5121	Skin barrier; solid, 6 x 6 or equivalent, each	20
A5122	Skin barrier; solid, 8 x 8 or equivalent, each	20
A5126	Adhesive or non-adhesive; disk or foam pad	20
A5131	Appliance cleaner, incontinence and ostomy appliances, per 16 oz.	1
A6216	Gauze, non-impregnated, non-sterile, pad size 16 sq. in. or less, without adhesive border, each dressing	60

DME – SUPPLEMENTAL LISTING

SUB-CATEGORY: OSTOMY SUPPLIES

DME Supply Standard Code	Standard Code Description	Monthly Maximum Allowable Quantity
K0581	Ostomy pouch, closed, with barrier attached, with filter (one piece), each	60
K0597	Ostomy pouch, urinary; for use on barrier with locking flange, with faucet-type tap with valve (two piece), each	20

DME – SUPPLEMENTAL LISTING

SUB-CATEGORY: FREQUENTLY PURCHASED ITEMS

Local Code and Modifier Description	Standard Code and Modifier Description	Remarks
A4554 – X1 INCONTINENCE PADS, 10'S (ADULT)	A4554 Disposable underpads, all sizes (e.g., Chux's)	Bill one unit of this supply for each pad (and 150 units for the usual case size of 150).
A4253 – X1 CHEMSTRIPS BG 100'S	A4253 Blood glucose test or reagent strips for home blood glucose monitor, per 50 strips	Bill one unit of this supply for 50 strips.
A4259 – X1 AUTOCLIX LANCETS 200`S	A4259 Lancets, per box of 100	Bill one unit of this supply for 100 lancets.
A4927 – X1 GLOVES, DISPOSABLE, NON STERILE, 50`S	A4927 Gloves, non-sterile, per 100	Bill one unit of this supply for 100 gloves.

DME – SUPPLEMENTAL LISTING

SUB-CATEGORY: FREQUENTLY PURCHASED ITEMS

Local Code and Modifier Description	Standard Code and Modifier Description	Remarks
Z0149 SKIN PREP WIPE, 4.25 OZ	A4369 – U1 Ostomy skin barrier, liquid (spray, brush, etc), per oz; Medicaid level of care 1, as defined by each state	Bill 4 units. Modifier U1 must be included.
A4245 – X1 ALCOHOL SWABS, 100'S	A4245 – 52 Alcohol wipes, per box; Reduced services	Bill 1 unit for each box of 100 swabs. Modifier 52 must be included.
A4454 TAPE, 1" (DURAPORE) EA	A4450 – U2 Tape, non-waterproof, per 18 square inches; Medicaid level of care 2, as defined by each state	Bill 1 unit for each roll of tape. Modifier U2 must be included.
A4454 – X1 TAPE, 2" (DURAPORE) EA	A4450 – U3 Tape, non-waterproof, per 18 square inches; Medicaid level of care 3, as defined by each state	Bill 1 unit for each roll of tape. Modifier U3 must be included.

DME – SUPPLEMENTAL LISTING

SUB-CATEGORY: FREQUENTLY PURCHASED ITEMS

Local Code and Modifier Description	Standard Code and Modifier Description	Remarks
A4454 – X2 TAPE, 3" (DURAPORE) EA	A4450 – U4 Tape, non-waterproof, per 18 square inches; Medicaid level of care 4, as defined by each state	Bill 1 unit for each roll of tape. Modifier U4 must be included.
E0244 – X1 RAISED TOILET SEAT	E0244 Raised toilet seat	

DME – SUPPLEMENTAL LISTING

SUB-CATEGORY: DME RENTAL

Local Code and Modifier Description	Standard Code and Modifier Description
E0190 – RR DECUBITUS CARE MATTRESS, INCLUDES FLOTATION	E0186 – RR Air pressure mattress
E0195 ALTERNATING PRESSURE PAD	E0180 – RR Pressure pad, alternating with pump
E0277 – RR RESTRAINTS, ANY TYPE, BODY, CHEST	E0710 – RR Restraint, any type (body, chest, wrist or ankle)
E0420 – RR OXYGEN CYLINDER, DEMURRAGE ON GASEOUS CONTENTS	E1399 – RR Durable medical equipment, miscellaneous

DME – SUPPLEMENTAL LISTING

SUB-CATEGORY: DME RENTAL

Local Code and Modifier Description	Standard Code and Modifier Description
E0430 – RR PORTABLE OXYGEN UNIT	E0431 – RR Portable gaseous oxygen system, rental; includes portable container, regulator, flowmeter, humidifier, cannula or mask, and tubing
E0452 – RR INTERMITTENT ASSIST DEVICE WITH CPAP	K0532 – RR Respiratory assist device, bi-level pressure capability, without backup rate feature, used with noninvasive interface, e.g., nasal or facial mask (intermittent assist device with continuous positive airway pressure device)
E0608 – RR APNEA MONITOR	E0618 – RR Apnea monitor, without recording feature
E1404 – RR OXYGEN CONCENTRATOR	E1390 – RR Oxygen concentrator, capable of delivering 85 percent or greater oxygen concentration at the prescribed flow rate

DME – SUPPLEMENTAL LISTING

SUB-CATEGORY: DME RENTAL

Local Code and Modifier Description	Standard Code and Modifier Description
K0021 – RR ANTI TIPPERS, RENTAL	E0971 – RR Anti-tipping device, wheelchair

Providers are requested to note the use of modifiers, and in particular the modifier “UA”, which has been defined by the DC Medical Assistance Administration to indicate that the Adaptive Equipment supply as dispensed may differ from the equipment described by the submitted HCPCS code, in keeping with the requirements of the programs that utilize Adaptive Equipment. The “UA” modifier is one of the Medicaid Level of Care modifiers, which are defined as per a state Medicaid agency’s requirements.

DME – ADAPTIVE EQUIPMENT CODING

	Standard Code Description	Standard Modifier Description	Remarks
Walker Basket	E0154 Platform attachment, walker, each	52 Reduced services UA Medicaid level of care 10, as defined by each state	This code will be paid at \$ 28.67 per unit. Prior Authorization is required.
Walker Caddy	E0154 Platform attachment, walker, each	TF Intermediate level of care UA Medicaid level of care 10, as defined by each state	This code will be paid at \$ 39.95 per unit. Prior Authorization is required.

DME – ADAPTIVE EQUIPMENT CODING

DME Supply	Standard Code Description	Standard Modifier Description	Remarks
Walker Tray	E0154 Platform attachment, walker, each	UA Medicaid level of care 10, as defined by each state	This code will be paid at \$ 42.78 per unit. Prior Authorization is required.
Sheepskin Handle Covers (Walker)	A4636 Replacement, handgrip, cane, crutch, or walker, each	UA Medicaid level of care 10, as defined by each state	This code will be paid at \$ 20.86 per unit. Prior Authorization is required.
Seat Assist/Lifter Seat 80 – 240 lbs	K0115 Seating system, back module, posterior-lateral control, with or without lateral supports, custom fabricated for attachment to wheelchair base	52 Reduced services UA Medicaid level of care 10, as defined by each state	This code will be paid at \$ 172.28 per unit. Prior Authorization is required.

DME – ADAPTIVE EQUIPMENT CODING

DME Supply	Standard Code Description	Standard Modifier Description	Remarks
Seat Assist/Lifter Seat 80 – 240 lbs	K0115 Seating system, back module, posterior-lateral control, with or without lateral supports, custom fabricated for attachment to wheelchair base	UA Medicaid level of care 10, as defined by each state	This code will be paid at \$ 194.86 per unit. Prior Authorization is required.
Joysticks	K0460 Power add-on, to convert manual wheelchair to motorized wheelchair, joystick control	52 Reduced services UA Medicaid level of care 10, as defined by each state	This code will be paid at \$ 191.94 per unit. Prior Authorization is required.

DME – ADAPTIVE EQUIPMENT CODING

DME Supply	Standard Code Description	Standard Modifier Description	Remarks
Hard Shell Helmet with Face Bar	E0701 Helmet with face guard and soft interface material, prefabricated	UA Medicaid level of care 10, as defined by each state	This code will be paid at \$ 148.27 per unit. Prior Authorization is required.
Protective Helmet	E0701 Helmet with face guard and soft interface material, prefabricated	TF Intermediate level of care UA Medicaid level of care 10, as defined by each state	This code will be paid at \$ 99.54 per unit. Prior Authorization is required.

DME – ADAPTIVE EQUIPMENT CODING

DME Supply	Standard Code Description	Standard Modifier Description	Remarks
Soft Shell Helmet	E0701 Helmet with face guard and soft interface material, prefabricated	52 Reduced services UA Medicaid level of care 10, as defined by each state	This code will be paid at \$ 72.61 per unit. Prior Authorization is required.
Hatch Heavy Duty Gel Gloves	L6890 Terminal device, glove for above hands, production glove	U1 Medicaid level of care 1, as defined by each state UA Medicaid level of care 10, as defined by each state	This code will be paid at \$ 12.19 per unit. Prior Authorization is required.

DME – ADAPTIVE EQUIPMENT CODING

DME Supply	Standard Code Description	Standard Modifier Description	Remarks
Wheel-Ease Rim Covers	E0967 Wheelchair hand rims with eight vertical rubber-tipped projections, pair	U1 Medicaid level of care 1, as defined by each state UA Medicaid level of care 10, as defined by each state	This code will be paid at \$ 46.12 per unit. Prior Authorization is required.
Posey Wedge Cushion	E0977 Wedge cushion, wheelchair	UA Medicaid level of care 10, as defined by each state	This code will be paid at \$ 63.54 per unit. Prior Authorization is required.
Gel Eeze Cushion	E0963 Two-inch cushion, for wheelchair	UA Medicaid level of care 10, as defined by each state	This code will be paid at \$ 42.28 per unit. Prior Authorization is required.

DME – ADAPTIVE EQUIPMENT CODING

DME Supply	Standard Code Description	Standard Modifier Description	Remarks
See-Thru Work Tray	K0107 Wheelchair tray	UA Medicaid level of care 10, as defined by each state	This code will be paid at \$ 64.12 per unit. Prior Authorization is required.
Wheelchair Cup Holder	K0107 Wheelchair tray	52 Reduced services UA Medicaid level of care 10, as defined by each state	This code will be paid at \$ 13.27 per unit. Prior Authorization is required.

DME – ADAPTIVE EQUIPMENT CODING

DME Supply	Standard Code Description	Standard Modifier Description	Remarks
Wheelchair Bracket	K0108 Other accessories	U1 Medicaid level of care 1, as defined by each state UA Medicaid level of care 10, as defined by each state	This code will be paid at \$ 25.20 per unit. Prior Authorization is required.
Straight tubes	K0108 Other accessories	U2 Medicaid level of care 2, as defined by each state UA Medicaid level of care 10, as defined by each state	This code will be paid at \$ 26.40 per unit. Prior Authorization is required.

DME – ADAPTIVE EQUIPMENT CODING

DME Supply	Standard Code Description	Standard Modifier Description	Remarks
Headswitch	K0108 Other accessories	U3 Medicaid level of care 3, as defined by each state UA Medicaid level of care 10, as defined by each state	This code will be paid at \$ 59.94 per unit. Prior Authorization is required.
Boardmaker	K0547 Accessory for speech generating device, NOC	U1 Medicaid level of care 1, as defined by each state UA Medicaid level of care 10, as defined by each state	This code will be paid at \$ 343.85 per unit. Prior Authorization is required.

DME – ADAPTIVE EQUIPMENT CODING

DME Supply	Standard Code Description	Standard Modifier Description	Remarks
Crespeaker	K0543 Speech generating device, synthesized speech, requiring message formulation by spelling and access by physical contact with the device	UA Medicaid level of care 10, as defined by each state	This code will be paid at \$ 344.94 per unit. Prior Authorization is required.
Ultimate 8	K0541 Speech generating device, digitized speech, using pre- recorded messages, less than or equal to eight minutes recording time	U4 Medicaid level of care 4, as defined by each state UA Medicaid level of care 10, as defined by each state	This code will be paid at \$ 222.00 per unit. Prior Authorization is required.

DME – ADAPTIVE EQUIPMENT CODING

DME Supply	Standard Code Description	Standard Modifier Description	Remarks
Hip-Step Talker	K0541 Speech generating device, digitized speech, using pre- recorded messages, less than or equal to eight minutes recording time	U3 Medicaid level of care 3, as defined by each state UA Medicaid level of care 10, as defined by each state	This code will be paid at \$ 107.94 per unit. Prior Authorization is required.
Four Frame Talker	K0541 Speech generating device, digitized speech, using pre- recorded messages, less than or equal to eight minutes recording time	U2 Medicaid level of care 2 as defined by each state UA Medicaid level of care 10, as defined by each state	This code will be paid at \$ 37.90 per unit. Prior Authorization is required.

DME – ADAPTIVE EQUIPMENT CODING

DME Supply	Standard Code Description	Standard Modifier Description	Remarks
Portable Talking ID	K0541 Speech generating device, digitized speech, using pre- recorded messages, less than or equal to eight minutes recording time	U1 Medicaid level of care 1, as defined by each state UA Medicaid level of care 10, as defined by each state	This code will be paid at \$ 39.54 per unit. Prior Authorization is required.
Daily Communicator	E1902 Communication board, non- electronic augmentative or alternative communication device	UA Medicaid level of care 10, as defined by each state	This code will be paid at \$ 25.58 per unit. Prior Authorization is required.

DME – ADAPTIVE EQUIPMENT CODING

DME Supply	Standard Code Description	Standard Modifier Description	Remarks
Communication Board	E1902 Communication board, non-electronic augmentative or alternative communication device	52 Reduced services UA Medicaid level of care 10, as defined by each state	This code will be paid at \$ 8.40 per unit. Prior Authorization is required.
Communication Binder	E1902 Communication board, non-electronic augmentative or alternative communication device	U1 Medicaid level of care 1, as defined by each state UA Medicaid level of care 10, as defined by each state	This code will be paid at \$ 15.40 per unit. Prior Authorization is required.

DME – ADAPTIVE EQUIPMENT CODING

DME Supply	Standard Code Description	Standard Modifier Description	Remarks
Midsize Communication Book	E1902 Communication board, non-electronic augmentative or alternative communication device	U2 Medicaid level of care 2, as defined by each state UA Medicaid level of care 10, as defined by each state	This code will be paid at \$ 12.60 per unit. Prior Authorization is required.
Picture Communication Symbols Book	E1902 Communication board, non-electronic augmentative or alternative communication device	U3 Medicaid level of care 3, as defined by each state UA Medicaid level of care 10, as defined by each state	This code will be paid at \$ 106.80 per unit. Prior Authorization is required.

DME – ADAPTIVE EQUIPMENT CODING

DME Supply	Standard Code Description	Standard Modifier Description	Remarks
Grids – Pocket size	E1902 Communication board, non-electronic augmentative or alternative communication device	U4 Medicaid level of care 4, as defined by each state UA Medicaid level of care 10, as defined by each state	This code will be paid at \$ 1.40 per unit. Prior Authorization is required.
Grids – Midsize set of 6	E1902 Communication board, non-electronic augmentative or alternative communication device	U5 Medicaid level of care 5, as defined by each state UA Medicaid level of care 10, as defined by each state	This code will be paid at \$ 2.80 per unit. Prior Authorization is required.

DME – ADAPTIVE EQUIPMENT CODING

DME Supply	Standard Code Description	Standard Modifier Description	Remarks
Computer Screen Magnifier	V2780 Oversize lens, per lens	U1 Medicaid level of care 1, as defined by each state UA Medicaid level of care 10, as defined by each state	This code will be paid at \$ 62.35 per unit. Prior Authorization is required.
Photo Phone	V5269 Assistive listening device, alerting, any type	U1 Medicaid level of care 1, as defined by each state UA Medicaid level of care 10, as defined by each state	This code will be paid at \$ 62.24 per unit. Prior Authorization is required.

DME – ADAPTIVE EQUIPMENT CODING

DME Supply	Standard Code Description	Standard Modifier Description	Remarks
Jumbo Size Braille Phone	V5269 Assistive listening device, alerting, any type	U2 Medicaid level of care 2, as defined by each state UA Medicaid level of care 10, as defined by each state	This code will be paid at \$ 153.46 per unit. Prior Authorization is required.
Fone Holder	V5336 Repair/modification of augmentative communicative system or device (excludes adaptive hearing aid)	U1 Medicaid level of care 1, as defined by each state UA Medicaid level of care 10, as defined by each state	This code will be paid at \$ 65.59 per unit. Prior Authorization is required.

DME – ADAPTIVE EQUIPMENT CODING

DME Supply	Standard Code Description	Standard Modifier Description	Remarks
Fone Flipper	V5336 Repair/modification of augmentative communicative system or device (excludes adaptive hearing aid)	U2 Medicaid level of care 2, as defined by each state UA Medicaid level of care 10, as defined by each state	This code will be paid at \$ 15.48 per unit. Prior Authorization is required.
Telephone Amplifier	V5268 Assistive listening device, telephone amplifier, any type	U1 Medicaid level of care 1, as defined by each state UA Medicaid level of care 10, as defined by each state	This code will be paid at \$ 16.73 per unit. Prior Authorization is required.

DME – ADAPTIVE EQUIPMENT CODING

DME Supply	Standard Code Description	Standard Modifier Description	Remarks
Snap-On Telephone Amplifiers	V5268 Assistive listening device, telephone amplifier, any type	U2 Medicaid level of care 2, as defined by each state UA Medicaid level of care 10, as defined by each state	This code will be paid at \$ 16.73 per unit. Prior Authorization is required.
Adjustable Head Pointer	E0942 Cervical head harness/halter	U1 Medicaid level of care 1, as defined by each state UA Medicaid level of care 10, as defined by each state	This code will be paid at \$ 39.95 per unit. Prior Authorization is required.

DME – ADAPTIVE EQUIPMENT CODING

DME Supply	Standard Code Description	Standard Modifier Description	Remarks
Acupoint Head pointer	E0942 Cervical head harness/halter	U2 Medicaid level of care 2, as defined by each state UA Medicaid level of care 10, as defined by each state	This code will be paid at \$ 112.80 per unit. Prior Authorization is required.
Mighty Mount	E0315 Bed accessory: board, table, or support device, any type	U1 Medicaid level of care 1, as defined by each state UA Medicaid level of care 10, as defined by each state	This code will be paid at \$ 142.80 per unit. Prior Authorization is required.

DME – ADAPTIVE EQUIPMENT CODING

DME Supply	Standard Code Description	Standard Modifier Description	Remarks
U Clamp	E0315 Bed accessory: board, table, or support device, any type	U2 Medicaid level of care 2, as defined by each state UA Medicaid level of care 10, as defined by each state	This code will be paid at \$ 25.20 per unit. Prior Authorization is required.
Pinch Clamp-For Bedrail	E0315 Bed accessory: board, table, or support device, any type	U3 Medicaid level of care 3, as defined by each state UA Medicaid level of care 10, as defined by each state	This code will be paid at \$ 25.20 per unit. Prior Authorization is required.

DME – ADAPTIVE EQUIPMENT CODING

DME Supply	Standard Code Description	Standard Modifier Description	Remarks
Petite Pillow Switch	E0315 Bed accessory: board, table, or support device, any type	U4 Medicaid level of care 4, as defined by each state UA Medicaid level of care 10, as defined by each state	This code will be paid at \$ 45.10 per unit. Prior Authorization is required.
Petite Pillow Switch with gooseneck mounting	E0315 Bed accessory: board, table, or support device, any type	U5 Medicaid level of care 5, as defined by each state UA Medicaid level of care 10, as defined by each state	This code will be paid at \$ 95.95 per unit. Prior Authorization is required.

DME – ADAPTIVE EQUIPMENT CODING

DME Supply	Standard Code Description	Standard Modifier Description	Remarks
Vacuum Wand	S5199 Personal care item, NOS, each	UA Medicaid level of care 10, as defined by each state	This code will be paid at \$ 28.67 per unit. Prior Authorization is required.
Vertical Pincher Mouth Stick	S5199 Personal care item, NOS, each	UB Medicaid level of care 11, as defined by each state UA Medicaid level of care 10, as defined by each state	This code will be paid at \$ 54.31 per unit. Prior Authorization is required.

DME – ADAPTIVE EQUIPMENT CODING

DME Supply	Standard Code Description	Standard Modifier Description	Remarks
Wand Mouth Stick with Bend Adapter	S5199 Personal care item, NOS, each	UC Medicaid level of care 12, as defined by each state UA Medicaid level of care 10, as defined by each state	This code will be paid at \$ 28.67 per unit. Prior Authorization is required.
Light Switch Extender	S5165 Home modifications; per service	U1 Medicaid level of care 1, as defined by each state UA Medicaid level of care 10, as defined by each state	This code will be paid at \$ 8.02 per unit. Prior Authorization is required.

DME – ADAPTIVE EQUIPMENT CODING

DME Supply	Standard Code Description	Standard Modifier Description	Remarks
Jelly Bean Switches	S5165 Home modifications; per service	U2 Medicaid level of care 2, as defined by each state UA Medicaid level of care 10, as defined by each state	This code will be paid at \$ 49.39 per unit. Prior Authorization is required.
Rubber Doorknob Extension	S5165 Home modifications; per service	U3 Medicaid level of care 3, as defined by each state UA Medicaid level of care 10, as defined by each state	This code will be paid at \$ 6.06 per unit. Prior Authorization is required.

DME – ADAPTIVE EQUIPMENT CODING

DME Supply	Standard Code Description	Standard Modifier Description	Remarks
Doorknob Gripper	S5165 Home modifications; per service	U4 Medicaid level of care 4, as defined by each state UA Medicaid level of care 10, as defined by each state	This code will be paid at \$ 9.17 per unit. Prior Authorization is required.
Doorknob Turner	S5165 Home modifications; per service	U5 Medicaid level of care 5, as defined by each state UA Medicaid level of care 10, as defined by each state	This code will be paid at \$ 12.11 per unit. Prior Authorization is required.

DME – ADAPTIVE EQUIPMENT CODING

DME Supply	Standard Code Description	Standard Modifier Description	Remarks
Lever on Doorknob Turner	S5165 Home modifications; per service	U6 Medicaid level of care 6, as defined by each state UA Medicaid level of care 10, as defined by each state	This code will be paid at \$ 14.42 per unit. Prior Authorization is required.
Reacher	A9300 Exercise equipment	U1 Medicaid level of care 1, as defined by each state UA Medicaid level of care 10, as defined by each state	\$ 15.62 - \$ 22.34 (\$ 18.98) avg used This code will be paid at \$ 18.98 per unit. Prior Authorization is required.

DME – ADAPTIVE EQUIPMENT CODING

DME Supply	Standard Code Description	Standard Modifier Description	Remarks
Page Turner	A9300 Exercise equipment	U2 Medicaid level of care 2, as defined by each state UA Medicaid level of care 10, as defined by each state	This code will be paid at \$ 18.40 per unit. Prior Authorization is required.
Steady Write Pen/the Weighted Universal Holders/Writing Bird	A9300 Exercise equipment	U3 Medicaid level of care 3, as defined by each state UA Medicaid level of care 10, as defined by each state	This code will be paid at \$ 34.80 per unit. Prior Authorization is required.

DME – ADAPTIVE EQUIPMENT CODING

DME Supply	Standard Code Description	Standard Modifier Description	Remarks
Ring-Pen	A9300 Exercise equipment	U4 Medicaid level of care 4, as defined by each state UA Medicaid level of care 10, as defined by each state	This code will be paid at \$ 16.69 per unit. Prior Authorization is required.
Weighted Pen	A9300 Exercise equipment	U5 Medicaid level of care 5, as defined by each state UA Medicaid level of care 10, as defined by each state	This code will be paid at \$ 27.01 per unit. Prior Authorization is required.

DME – ADAPTIVE EQUIPMENT CODING

DME Supply	Standard Code Description	Standard Modifier Description	Remarks
Ring Writer Clip	A9300 Exercise equipment	U6 Medicaid level of care 6, as defined by each state UA Medicaid level of care 10, as defined by each state	This code will be paid at \$ 5.71 per unit. Prior Authorization is required.
Writing Aid – Right	A9300 Exercise equipment	U7 Medicaid level of care 7, as defined by each state UA Medicaid level of care 10, as defined by each state	This code will be paid at \$ 13.09 per unit. Prior Authorization is required.

DME – ADAPTIVE EQUIPMENT CODING

DME Supply	Standard Code Description	Standard Modifier Description	Remarks
Writing Aid – Left	A9300 Exercise equipment	U8 Medicaid level of care 8, as defined by each state UA Medicaid level of care 10, as defined by each state	This code will be paid at \$ 13.09 per unit. Prior Authorization is required.
Typing Aid – Small, Right	A9300 Exercise equipment	U9 Medicaid level of care 9, as defined by each state UA Medicaid level of care 10, as defined by each state	This code will be paid at \$ 15.48 per unit. Prior Authorization is required.

DME – ADAPTIVE EQUIPMENT CODING

DME Supply	Standard Code Description	Standard Modifier Description	Remarks
Typing Aid – Small, Left	A9300 Exercise equipment	UA Medicaid level of care 10, as defined by each state	This code will be paid at \$ 15.48 per unit. Prior Authorization is required.
Typing Aid – Large, Right	A9300 Exercise equipment	UB Medicaid level of care 11, as defined by each state UA Medicaid level of care 10, as defined by each state	This code will be paid at \$ 16.69 per unit. Prior Authorization is required.

DME – ADAPTIVE EQUIPMENT CODING

DME Supply	Standard Code Description	Standard Modifier Description	Remarks
Typing Aid – Large, Left	A9300 Exercise equipment	UC Medicaid level of care 12, as defined by each state UA Medicaid level of care 10, as defined by each state	This code will be paid at \$ 16.69 per unit. Prior Authorization is required.
Comfort Grip Cutlery – Spoon	T1999 Miscellaneous therapeutic items and supplies, retail purchases, not otherwise classified; identify product in "remarks"	U1 Medicaid level of care 1, as defined by each state UA Medicaid level of care 10, as defined by each state	This code will be paid at \$ 6.17 per unit. Prior Authorization is required.

DME – ADAPTIVE EQUIPMENT CODING

DME Supply	Standard Code Description	Standard Modifier Description	Remarks
Comfort Grip Cutlery – Fork	T1999 Miscellaneous therapeutic items and supplies, retail purchases, not otherwise classified; identify product in "remarks"	U2 Medicaid level of care 2, as defined by each state UA Medicaid level of care 10, as defined by each state	This code will be paid at \$ 6.43 per unit. Prior Authorization is required.
Comfort Grip Cutlery – Knife	T1999 Miscellaneous therapeutic items and supplies, retail purchases, not otherwise classified; identify product in "remarks"	U3 Medicaid level of care 3, as defined by each state UA Medicaid level of care 10, as defined by each state	This code will be paid at \$ 7.21 per unit. Prior Authorization is required.

DME – ADAPTIVE EQUIPMENT CODING

DME Supply	Standard Code Description	Standard Modifier Description	Remarks
Angled Grip Cutlery – Right Fork	T1999 Miscellaneous therapeutic items and supplies, retail purchases, not otherwise classified; identify product in "remarks"	U4 Medicaid level of care 4, as defined by each state UA Medicaid level of care 10, as defined by each state	This code will be paid at \$ 9.51 per unit. Prior Authorization is required.
Angled Grip Cutlery – Left Fork	T1999 Miscellaneous therapeutic items and supplies, retail purchases, not otherwise classified; identify product in "remarks"	U4 Medicaid level of care 4, as defined by each state UA Medicaid level of care 10, as defined by each state	This code will be paid at \$ 9.51 per unit. Prior Authorization is required.

DME – ADAPTIVE EQUIPMENT CODING

DME Supply	Standard Code Description	Standard Modifier Description	Remarks
Angled Grip Cutlery – Right Spoon	T1999 Miscellaneous therapeutic items and supplies, retail purchases, not otherwise classified; identify product in "remarks"	U4 Medicaid level of care 4, as defined by each state UA Medicaid level of care 10, as defined by each state	This code will be paid at \$ 9.51 per unit. Prior Authorization is required.
Angled Grip Cutlery – Left Spoon	T1999 Miscellaneous therapeutic items and supplies, retail purchases, not otherwise classified; identify product in "remarks"	U4 Medicaid level of care 4, as defined by each state UA Medicaid level of care 10, as defined by each state	This code will be paid at \$ 9.51 per unit. Prior Authorization is required.

DME – ADAPTIVE EQUIPMENT CODING

DME Supply	Standard Code Description	Standard Modifier Description	Remarks
Angled Grip Cutlery – Knife	T1999 Miscellaneous therapeutic items and supplies, retail purchases, not otherwise classified; identify product in "remarks"	U6 Medicaid level of care 6, as defined by each state UA Medicaid level of care 10, as defined by each state	This code will be paid at \$ 15.11 per unit. Prior Authorization is required.
Built Up Handle Utensils – Fork	T1999 Miscellaneous therapeutic items and supplies, retail purchases, not otherwise classified; identify product in "remarks"	U7 Medicaid level of care 7, as defined by each state UA Medicaid level of care 10, as defined by each state	This code will be paid at \$ 6.92 per unit. A maximum of 2 units per line (fork, soup spoon) may be submitted. Prior Authorization is required.

DME – ADAPTIVE EQUIPMENT CODING

DME Supply	Standard Code Description	Standard Modifier Description	Remarks
Built Up Handle Utensils – Soup spoon	T1999 Miscellaneous therapeutic items and supplies, retail purchases, not otherwise classified; identify product in "remarks"	U7 Medicaid level of care 7, as defined by each state UA Medicaid level of care 10, as defined by each state	This code will be paid at \$ 6.92 per unit. A maximum of 2 units per line (fork, soup spoon) may be submitted. Prior Authorization is required.
Built Up Handle Utensils – Teaspoon	T1999 Miscellaneous therapeutic items and supplies, retail purchases, not otherwise classified; identify product in "remarks"	U8 Medicaid level of care 8, as defined by each state UA Medicaid level of care 10, as defined by each state	This code will be paid at \$ 7.50 per unit. Prior Authorization is required.

DME – ADAPTIVE EQUIPMENT CODING

DME Supply	Standard Code Description	Standard Modifier Description	Remarks
Built Up Handle Utensils – Knife	T1999 Miscellaneous therapeutic items and supplies, retail purchases, not otherwise classified; identify product in "remarks"	U9 Medicaid level of care 9, as defined by each state UA Medicaid level of care 10, as defined by each state	This code will be paid at \$ 8.02 per unit. Prior Authorization is required.
Weighted Cutlery – Soupspoon	T1999 Miscellaneous therapeutic items and supplies, retail purchases, not otherwise classified; identify product in "remarks"	UA Medicaid level of care 10, as defined by each state	This code will be paid at \$ 6.86 per unit. A maximum of 3 units per line (soupspoon, teaspoon, fork) may be submitted. Prior Authorization is required.

DME – ADAPTIVE EQUIPMENT CODING

DME Supply	Standard Code Description	Standard Modifier Description	Remarks
Weighted Cutlery – Teaspoon	T1999 Miscellaneous therapeutic items and supplies, retail purchases, not otherwise classified; identify product in "remarks"	UA Medicaid level of care 10, as defined by each state	This code will be paid at \$ 6.86 per unit. A maximum of 3 units per line (soup spoon, teaspoon, fork) may be submitted. Prior Authorization is required.
Weighted Cutlery – Fork	T1999 Miscellaneous therapeutic items and supplies, retail purchases, not otherwise classified; identify product in "remarks"	UA Medicaid level of care 10, as defined by each state	This code will be paid at \$ 6.86 per unit. A maximum of 3 units per line (soup spoon, teaspoon, fork) may be submitted. Prior Authorization is required.

DME – ADAPTIVE EQUIPMENT CODING

DME Supply	Standard Code Description	Standard Modifier Description	Remarks
Weighted Cutlery – Knife	T1999 Miscellaneous therapeutic items and supplies, retail purchases, not otherwise classified; identify product in "remarks"	UB Medicaid level of care 11, as defined by each state UA Medicaid level of care 10, as defined by each state	This code will be paid at \$ 8.02 per unit. Prior Authorization is required.
Swivel Cutlery – Fork, Small	T1999 Miscellaneous therapeutic items and supplies, retail purchases, not otherwise classified; identify product in "remarks"	UC Medicaid level of care 12, as defined by each state UA Medicaid level of care 10, as defined by each state	This code will be paid at \$ 10.39 per unit. A maximum of 3 units per line (small fork, soup spoon, teaspoon) may be submitted. Prior Authorization is required.

DME – ADAPTIVE EQUIPMENT CODING

DME Supply	Standard Code Description	Standard Modifier Description	Remarks
Swivel Cutlery – Soupspoon	T1999 Miscellaneous therapeutic items and supplies, retail purchases, not otherwise classified; identify product in "remarks"	UC Medicaid level of care 12, as defined by each state UA Medicaid level of care 10, as defined by each state	This code will be paid at \$ 10.39 per unit. A maximum of 3 units per line (small fork, soupspoon, teaspoon) may be submitted. Prior Authorization is required.
Swivel Cutlery – Teaspoon	T1999 Miscellaneous therapeutic items and supplies, retail purchases, not otherwise classified; identify product in "remarks"	UC Medicaid level of care 12, as defined by each state UA Medicaid level of care 10, as defined by each state	This code will be paid at \$ 10.39 per unit. A maximum of 3 units per line (small fork, soupspoon, teaspoon) may be submitted. Prior Authorization is required.

DME – ADAPTIVE EQUIPMENT CODING

DME Supply	Standard Code Description	Standard Modifier Description	Remarks
Swivel Cutlery – Fork, Medium	T1999 Miscellaneous therapeutic items and supplies, retail purchases, not otherwise classified; identify product in "remarks"	UD Medicaid level of care 13, as defined by each state UA Medicaid level of care 10, as defined by each state	A maximum of 2 units (medium fork, large fork) may be submitted per claim line. This code will be paid at \$ 11.54 per unit. Prior Authorization is required.
Swivel Cutlery – Fork, Large	T1999 Miscellaneous therapeutic items and supplies, retail purchases, not otherwise classified; identify product in "remarks"	UD Medicaid level of care 13, as defined by each state UA Medicaid level of care 10, as defined by each state	A maximum of 2 units (medium fork, large fork) may be submitted per claim line. This code will be paid at \$ 11.54 per unit. Prior Authorization is required.

DME – ADAPTIVE EQUIPMENT CODING

DME Supply	Standard Code Description	Standard Modifier Description	Remarks
Nosey Cup	A9900 Miscellaneous DME supply, accessory, and/or service component of another HCPCS code	U1 Medicaid level of care 1, as defined by each state UA Medicaid level of care 10, as defined by each state	This code will be paid at \$ 4.82 per unit. Prior Authorization is required.
Scooper Bowl Melamine	A9900 Miscellaneous DME supply, accessory, and/or service component of another HCPCS code	U2 Medicaid level of care 2, as defined by each state UA Medicaid level of care 10, as defined by each state	This code will be paid at \$ 4.90 per unit. Prior Authorization is required.

DME – ADAPTIVE EQUIPMENT CODING

DME Supply	Standard Code Description	Standard Modifier Description	Remarks
Plate with inside Edge	A9900 Miscellaneous DME supply, accessory, and/or service component of another HCPCS code	U3 Medicaid level of care 3, as defined by each state UA Medicaid level of care 10, as defined by each state	This code will be paid at \$ 5.77 per unit. Prior Authorization is required.
Scooper Plate	A9900 Miscellaneous DME supply, accessory, and/or service component of another HCPCS code	U4 Medicaid level of care 4, as defined by each state UA Medicaid level of care 10, as defined by each state	This code will be paid at \$ 6.92 per unit. Prior Authorization is required.

DME – ADAPTIVE EQUIPMENT CODING

DME Supply	Standard Code Description	Standard Modifier Description	Remarks
Long-Spouted Cup	A9900 Miscellaneous DME supply, accessory, and/or service component of another HCPCS code	U5 Medicaid level of care 5, as defined by each state UA Medicaid level of care 10, as defined by each state	This code will be paid at \$ 8.39 per unit. Prior Authorization is required.
Plastic Plate Guard	A9900 Miscellaneous DME supply, accessory, and/or service component of another HCPCS code	U6 Medicaid level of care 6, as defined by each state UA Medicaid level of care 10, as defined by each state	This code will be paid at \$ 8.90 per unit. Prior Authorization is required.

DME – ADAPTIVE EQUIPMENT CODING

DME Supply	Standard Code Description	Standard Modifier Description	Remarks
Triangular Suction Plate	A9900 Miscellaneous DME supply, accessory, and/or service component of another HCPCS code	U7 Medicaid level of care 7, as defined by each state UA Medicaid level of care 10, as defined by each state	This code will be paid at \$ 11.48 per unit. Prior Authorization is required.
Cutting Board	A9900 Miscellaneous DME supply, accessory, and/or service component of another HCPCS code	U8 Medicaid level of care 8, as defined by each state UA Medicaid level of care 10, as defined by each state	This code will be paid at \$ 49.39 per unit. Prior Authorization is required.

DME – ADAPTIVE EQUIPMENT CODING

DME Supply	Standard Code Description	Standard Modifier Description	Remarks
Bendable Sponges – Contour Sponge	S5199 Personal care item, NOS, each	U1 Medicaid level of care 1, as defined by each state UA Medicaid level of care 10, as defined by each state	This code will be paid at \$ 4.55 per unit. Prior Authorization is required.
Bendable Sponges – Round Sponge	S5199 Personal care item, NOS, each	U2 Medicaid level of care 2, as defined by each state UA Medicaid level of care 10, as defined by each state	This code will be paid at \$ 4.55 per unit. Prior Authorization is required.

DME – ADAPTIVE EQUIPMENT CODING

DME Supply	Standard Code Description	Standard Modifier Description	Remarks
Sponge Wash Mitt	S5199 Personal care item, NOS, each	U3 Medicaid level of care 3, as defined by each state UA Medicaid level of care 10, as defined by each state	This code will be paid at \$ 6.64 per unit. Prior Authorization is required.
Long-handled Comb	S5199 Personal care item, NOS, each	U4 Medicaid level of care 4, as defined by each state UA Medicaid level of care 10, as defined by each state	This code will be paid at \$ 14.50 per unit. Prior Authorization is required.

DME – ADAPTIVE EQUIPMENT CODING

DME Supply	Standard Code Description	Standard Modifier Description	Remarks
Long-handled Brush	S5199 Personal care item, NOS, each	U5 Medicaid level of care 5, as defined by each state UA Medicaid level of care 10, as defined by each state	This code will be paid at \$ 15.62 per unit. Prior Authorization is required.
Ergonomic Hair Washer	S5199 Personal care item, NOS, each	U6 Medicaid level of care 6, as defined by each state UA Medicaid level of care 10, as defined by each state	This code will be paid at \$ 18.40 per unit. Prior Authorization is required.

DME – ADAPTIVE EQUIPMENT CODING

DME Supply	Standard Code Description	Standard Modifier Description	Remarks
Hand Held Shower Hose	E0243 Toilet rail, each	UA Medicaid level of care 10, as defined by each state	When used with E0243, the UA modifier is defined to indicate the shower hose supply. This code will be paid at \$ 17.86 per unit. Prior Authorization is required.
Sure Hand Strap	A4465 Nonelastic binder for extremity	U1 Medicaid level of care 1, as defined by each state UA Medicaid level of care 10, as defined by each state	This code will be paid at \$ 3.40 per unit. Prior Authorization is required.

DME – ADAPTIVE EQUIPMENT CODING

DME Supply	Standard Code Description	Standard Modifier Description	Remarks
Ring Zipper Pull	A4465 Nonelastic binder for extremity	U2 Medicaid level of care 2, as defined by each state UA Medicaid level of care 10, as defined by each state	This code will be paid at \$ 2.25 per unit. Prior Authorization is required.
Utensil Holder w/elastic opening	A4465 Nonelastic binder for extremity	U3 Medicaid level of care 3, as defined by each state UA Medicaid level of care 10, as defined by each state	This code will be paid at \$ 9.59 per unit. Prior Authorization is required.

DME – ADAPTIVE EQUIPMENT CODING

DME Supply	Standard Code Description	Standard Modifier Description	Remarks
Universal Cuff	A4465 Nonelastic binder for extremity	U4 Medicaid level of care 4, as defined by each state UA Medicaid level of care 10, as defined by each state	This code will be paid at \$ 8.02 per unit. Prior Authorization is required.
Button Hook	A4465 Nonelastic binder for extremity	U5 Medicaid level of care 5, as defined by each state UA Medicaid level of care 10, as defined by each state	This code will be paid at \$ 7.50 per unit. Prior Authorization is required.

DME – ADAPTIVE EQUIPMENT CODING

DME Supply	Standard Code Description	Standard Modifier Description	Remarks
Rotating One Hand Button Aid/Zipper Pull	A4465 Nonelastic binder for extremity	U6 Medicaid level of care 6, as defined by each state UA Medicaid level of care 10, as defined by each state	This code will be paid at \$ 13.38 per unit. Prior Authorization is required.
Sock & Stocking Aid	A4465 Nonelastic binder for extremity	U7 Medicaid level of care 7, as defined by each state UA Medicaid level of care 10, as defined by each state	This code will be paid at \$ 7.00 per unit. Prior Authorization is required.

DME – ADAPTIVE EQUIPMENT CODING

DME Supply	Standard Code Description	Standard Modifier Description	Remarks
Flex-O-Lace Shoelaces	L3649 Orthopedic shoe, modification, addition or transfer, NOS	U1 Medicaid level of care 1, as defined by each state UA Medicaid level of care 10, as defined by each state	This code will be paid at \$ 5.47 per unit. Prior Authorization is required.
E-Z Slide Shoehorn – 18 inch	L3649 Orthopedic shoe, modification, addition or transfer, NOS	U2 Medicaid level of care 2, as defined by each state UA Medicaid level of care 10, as defined by each state	This code will be paid at \$ 7.78 per unit. Prior Authorization is required.

DME – ADAPTIVE EQUIPMENT CODING

DME Supply	Standard Code Description	Standard Modifier Description	Remarks
E-Z Slide Shoehorn – 12 inch	L3649 Orthopedic shoe, modification, addition or transfer, NOS	U3 Medicaid level of care 3, as defined by each state UA Medicaid level of care 10, as defined by each state	This code will be paid at \$ 7.78 per unit. Prior Authorization is required.
E-Z Slide Shoehorn – 24 inch	L3649 Orthopedic shoe, modification, addition or transfer, NOS	U4 Medicaid level of care 4, as defined by each state UA Medicaid level of care 10, as defined by each state	This code will be paid at \$ 7.78 per unit. Prior Authorization is required.

DME – ADAPTIVE EQUIPMENT CODING

DME Supply	Standard Code Description	Standard Modifier Description	Remarks
Cinching Leg Lifter	K0038 Leg strap, each	U1 Medicaid level of care 1, as defined by each state UA Medicaid level of care 10, as defined by each state	This code will be paid at \$ 20.27 per unit. Prior Authorization is required.
Sock-Aid	S5199 Personal care item, NOS, each	U7 Medicaid level of care 7, as defined by each state UA Medicaid level of care 10, as defined by each state	This code will be paid at \$ 11.14 per unit. Prior Authorization is required.

DME – ADAPTIVE EQUIPMENT CODING

DME Supply	Standard Code Description	Standard Modifier Description	Remarks
Good Grips Button Hook	S5199 Personal care item, NOS, each	U8 Medicaid level of care 8, as defined by each state UA Medicaid level of care 10, as defined by each state	This code will be paid at \$ 5.19 per unit. Prior Authorization is required.
Dressing Stick	S5199 Personal care item, NOS, each	U9 Medicaid level of care 9, as defined by each state UA Medicaid level of care 10, as defined by each state	This code will be paid at \$ 5.54 per unit. Prior Authorization is required.

